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Bib Data Sheet

CONFIRMATION NO. 7788

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|---|--|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/804,777  | <b>FILING OR 371(c) DATE</b><br>03/19/2004<br><b>RULE</b>  | <b>CLASS</b><br>221           | <b>GROUP ART UNIT</b><br>3651   | <b>ATTORNEY DOCKET NO.</b><br>TOMZ 2 00441 |
| <b>APPLICANTS</b><br>Michael H. Meyer, Sagamore Hills, OH;<br>Henry G. Roethel, Ravenna, OH;<br>Raymond P. Kawolics, Solon, OH;<br>Daniel A. Sokolowski, Bedford Heights, OH; |  |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/455,821 03/19/2003   |  |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |  |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** SMALL ENTITY **</b><br>06/01/2004   |  |                               |   |  |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged  | <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature: <i>[Signature]</i> Initials: | <b>STATE OR COUNTRY</b><br>OH | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>17                  |
| <b>INDEPENDENT CLAIMS</b><br>3  |  |                               |   |  |
| <b>ADDRESS</b><br>27885   |  |                               |   |  |
| <b>TITLE</b><br>Dispenser for cup-shaped articles with improved clamp-ring securement feature   |  |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>450   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |